

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-029236

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6994

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

USE BLACK INK
OR
TYPEWRITER RIBBON

1
2 210
3
4 0
5 1
6
7 2
8 2
9
10
11
12 56-0
13

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUL 31 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

St. Louis

Length of stay in 1b

1 week

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

Christian Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Inside Limits

Yes ☒ No ☐

c. CITY

St. Louis

OR
TOWNd. STREET
ADDRESS

(If outside, give location)

3921 Kossuth Avenue

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED (Edwin) First
(Type or print)

Edward

Middle

J

Last

Tofte

4. DATE
OF
DEATH

Month

Day

Year

July

15

1962

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11-15-1880

9. AGE (last birthday)

81

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Foreman (retired)

10b. KIND OF BUSINESS OR INDUSTRY

Wolf-Tober

11. BIRTHPLACE (City and state or country)

Norway

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Erich Tofte

13b. MOTHER'S MAIDEN NAME

Elizabeth - - -

14. NAME OF HUSBAND OR WIFE

Emma M. Tofte

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Emma M. Tofte, 3921 Kossuth Avenue

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac Failure

INTERVAL BETWEEN
ONSET AND DEATH

1 day

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Bronchial Pneumonia

2 days

DUE TO (c)

Pulmonary Edema

1 day

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Gangrene, right leg

491x

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 15 May 62 to 15 July 62 and last saw him alive on 15 July 62
Death occurred at 12:15 p.m. m on the 15th stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dr. Leonard A. P. Stein M.D.

22b. ADDRESS

1918 East Grand Blvd

22c. DATE SIGNED

16 July 62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Entombment

23b. DATE

July 18, 1962

23c. NAME OF CEMETERY OR CREMATORY

Oak Grove Mausoleum

23d. LOCATION (City, town, or county)

St. Louis, County,

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Math Hermann & Son, Inc., 2161 E. Fair Ave
St. Louis, 7, Missouri

25. DATE RECD. BY LOCAL REG.

JUL 17 1962

26. REGISTRAR'S SIGNATURE

Leon Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body, whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Edward W. Noy

Licensed Embalmer No.

3737

P. O. Address

St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.